

# APPLICATION FOR EGG HANDLER'S LICENSE

Return application and payment to:

DEPT OF INSPECTIONS AND APPEALS  
FOOD & CONSUMER SAFETY BUREAU  
LUCAS BLDG - 321 E 12TH ST  
DES MOINES, IA 50319

Ph (515)281-6538

Date Of Application : \_\_\_\_\_

Type of Application : ☐ NEW ☐ RENEWAL

If new application, business opening date : \_\_\_\_\_

Has ownership changed since last license issued ? ☐ Yes ☐ No

If yes : Previous Owner : \_\_\_\_\_

Business Name : \_\_\_\_\_

Last License Number : \_\_\_\_\_

WATER SOURCE ( check one ) ☐ Public water supply

☐ Private Well

License # :

Exp Date :

Name of Business : \_\_\_\_\_

Owner's Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Physical Address : \_\_\_\_\_ County : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Mailing address for all correspondence if different than above :

Street or Route : \_\_\_\_\_ Phone : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Person-in-Charge : \_\_\_\_\_ Title : \_\_\_\_\_ Phone : \_\_\_\_\_

Ownership structure: Individual : \_\_\_\_\_ Partnership\*: \_\_\_\_\_ Corporation\*: \_\_\_\_\_

\*(Complete next section for partners or corporate officers.)

Name : _____ Title : _____	Name : _____ Title : _____
Address : _____	Address : _____
City : _____ State : _____ Zip : _____	City : _____ State : _____ Zip : _____

## License Fee Structure

As provided in Iowa Code Chapter 196, any change in location or ownership requires a new license. The license is not transferable. The license expires one year from the date of issue.  
Check the applicable license fee based on the total number of cases of eggs purchased or handled during the month of April.  
Thirty (30) dozen eggs shall constitute a case. :

☐ \$20.20 ED 0  
☐ \$47.25 ED 12  
☐ \$67.50 ED 25  
☐ \$135.00 ED 1,000  
☐ \$236.25 ED 5,000  
☐ \$337.50 ED 10,000

## CERTIFICATION

I hereby make application for an Egg Handler's license. I understand that I may be required to submit further evidence in support of statements made in this application as requested by the department. As a condition to the granting of this license, I agree to comply with and abide by all the terms of Iowa Code Chapter 196, and any administrative rules as are or may be prescribed thereunder by the department.

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

Make Check or Money Order Payable to :

DEPT OF INSPECTIONS AND APPEALS

Signature of Applicant : \_\_\_\_\_

Title of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

## FOR OFFICE USE ONLY

CK # : \_\_\_\_\_

\$ : \_\_\_\_\_

CK Date : \_\_\_\_\_